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INCIDENCE OF CAESAREAN SECTION AMONG PREGNANT WOMEN IN KHOREZM REGION AND THE REASONS LEADING TO IT

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Abstract
This article deals with the problem of choosing the optimal technique of caesarean section, which effects on early and late postoperative complications and uterine scar in the future. The frequency of complications in reoperation far exceeds the risks of the first caesarean section. On the formation of a full scar is influenced by many factors, including the method of performing a caesarean section. The solution to the problem of repeated cesarean section can serve not only the frequency of the first caesarean section, but the possibility of delivery in women with scar (if opulence on the uterus through the birth canal.

Key words: cesarean section, technique, complications, scar on the uterus.

In recent years, perinatal obstetrics has been intensively developing in Uzbekistan, as in the whole world. Its main principle is to ensure the health of the mother, fetus and newborn, which in some cases requires quick and careful decision-making. In recent decades, the method of cesarean section has become a means of preserving the health of the mother and the child. Advances in anesthesiology and resuscitation, antibiotic therapy, and surgical techniques make it possible to minimize the risk of operative delivery. Caesarean section is one of the most common operations in the world. The highest rates of caesarean section are observed in Latin America and the Caribbean (40.5%), followed by North America (32.3%), Oceania (31.1%), Europe (25%) and Asia (19.2%). . In Uzbekistan, the rate of caesarean section will be 40% in 2022.
In modern obstetrics, the CS is of great importance, since with a complicated course of pregnancy and childbirth, it helps to preserve the health and life of mother and child. CS as any surgical intervention can have adverse consequences both in the immediate postoperative period (bleeding, infection, pulmonary embolism (PE), OB embolism, peritonitis), and later in a woman's life. Despite the use of high quality suture material, maternal complications continue to be reported. CS may affect the further reproductive function of women: it is possible to develop infertility, habitual

miscarriage, menstrual disorders cycle, placenta previa, true placenta accreta in a subsequent pregnancy. CS may not always preserve the health of the child, especially with deep miscarriage, overmaturity, infectious disease fetus, severe hypoxia.

The Aim:

Study of indications for delivery by cesarean section in modern medicine in planned and urgent cases in women during the first childbirth and rebirth.

Materials and methods:

The protocols of cesarean delivery of 50 patients operated on in 2022 were retrospectively studied by random sampling. The studies were conducted in the perinatal center of Khorezm region. According to the data of the perinatal center, in 2022, cesarean delivery was 43%.

Results:

During the study, it became known that 7% of 50 operations were emergency, 16% were urgent, and 77% were scheduled. 42% of pregnant women aged 18-25, 45% aged 26-35, 13% aged 36-45.

Basic instructions for cesarean section:

Emergency indications (category I) Rebirth is defined in 70% and First birth in 30%. In 80% of cases, indications from the mother were determined, the most common cause of which was premature separation of the placenta in 60% of cases, fetal indicators were noted in 20% of cases (on the background of umbilical cord torsion). Urgent indications (category II) occurred in 83% of rebirths and 17% of first births. Maternal changes in 42% of cases, fetal changes in 10%, and combined conditions in 48% were indications. In 65% of cases, the mother was diagnosed with labor weakness and it was not possible to correct it with drugs, in 15% - due to the period of water on the background of immature birth canals. early discharge and 10% - severe preeclampsia. Fetal hypoxia with changes in fetal heart rate was caused by this category of fetus in 76% of cases, and in 24% of cases, fetal hypoxia was caused by the release of meconium into the amniotic fluid. .

Planned operations (Type III) Clinical narrow pelvis 2.1%, placental abruption 2.7%, severe preeclampsia and eclampsia 10.9%, malposition of the fetus 2%. Uterine scar 44.6% twin fetus 5.3%, unstable condition of the fetus 4.4% myopia high degree 6.2% uterine myoma, oncological diseases 1% lying with the groin 7.1% placenta lying in front 2.7% uncertain condition of the fetus 2.9% etc. 7%. Pregnant woman with a scar on the uterus is at an increased risk of complications, both in repeated caesarean section and in vaginal delivery. Therefore, it is necessary to revise the relative

indications for caesarean section, to develop algorithm for differentiated choice of operative delivery technique depending on the complications of pregnancy and childbirth, extragenital diseases. Improve the principles of selection of pregnant women with a uterine scar for natural delivery, taking into account not only extragenital diseases, obstetric complications in pregnant women with a scar, but also methods of implementation previous caesarean section.

Summary:

We found that the majority of patients (67%) were observed in rebirths. The majority (41%) were operated on urgent indications, in 52% of cases - on a planned basis, and in 7% of patients, cesarean section was performed for emergency indications. The main indication for emergency surgery is premature separation of the normally located placenta (60%). According to urgent indicators, the main indicator was labor weakness (65%). As planned, every third patient (44.6%) had a scar on the uterus (incomplete or rejection of vaginal delivery). If there are emergency and urgent indications for cesarean section, hospitalization is carried out immediately after diagnosis. Caesarean section of patients with specified emergency and urgent indications is carried out in a medical institution accompanied by medical personnel ready to provide emergency assistance in case of complications. In the case of planned cesarean birth, the indications and duration of hospitalization are determined by the obstetrician-gynecologist depending on the characteristics of the pregnancy period, the obstetric condition, the presence of extragenital diseases, and the condition of the fetus.

Choice of delivery method and duration of hospitalization in clinically difficult cases. Determined by the Council.

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